



DIRECT DEPOSIT ENROLLMENT FORM

EMPLOYEE NAME (LAST, FIRST, MIDDLE):	PAYROLL NUMBER:	SOCIAL SECURITY NUMBER:

You may enroll in up to three accounts. Deductions will be made in priority 1, 2, 3 respectively. Any remaining amount will be issues in a check if remaining net is not designated.

1st Direct Deposit:

New
 Change Amount
 Cancel

Bank Name: _____

Rounting Number: _____ Account Number: _____

Checking
 Savings
 Amount of Deposit: \$ _____ or
 Entire Net Amount

2nd Direct Deposit:

New
 Change Amount
 Cancel

Bank Name: _____

Rounting Number: _____ Account Number: _____

Checking
 Savings
 Amount of Deposit: \$ _____ or
 Entire Net Amount

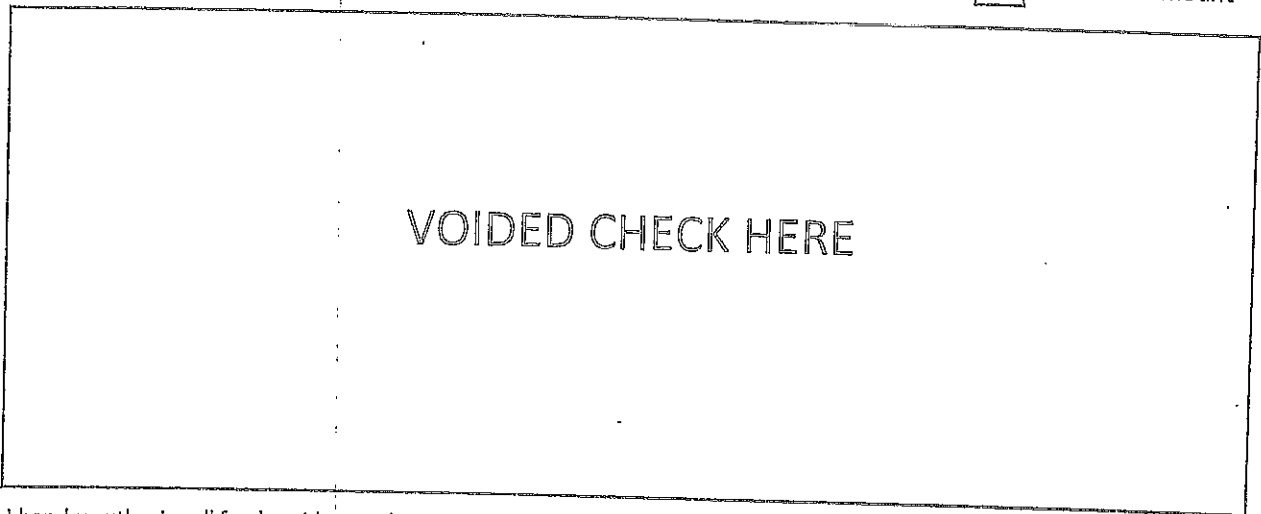
3rd Direct Deposit:

New
 Change Amount
 Cancel

Bank Name: _____

Rounting Number: _____ Account Number: _____

Checking
 Savings
 Amount of Deposit: \$ _____ or
 Entire Net Amount



I hereby authorize all funds paid to me by Ports America directly to the accounts identified above. In the event that any funds are erroneously deposited to any specified amount, Ports America has the right to recover all erroneously deposited funds.

The agreement represented by this authorization remains in effect until canceled by the payee by written notice to Ports America or by the death or legal incapacity of the payee.

Participant's Signature _____ Date: _____